



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code01190119NAIC Company Code95885Employer's ID Number61-1013183
(Current)(Prior)

Organized under the Laws ofKentucky, State of Domicile or Port of EntryKentucky

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized08/23/1982Commenced Business09/23/1983

Statutory Home Office321 West Main Street - 12th FloorLouisville , KY, US 40202
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office321 West Main Street - 12th FloorLouisville , KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville , KY, US 40201-7436
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records321 West Main Street - 12th FloorLouisville , KY, US 40202502-580-1000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactElizabeth Young502-580-3025
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEOBruce Dale BroussardSr. VP & CFOBrian Andrew Kane #

VP & Corporate SecretaryJoan Olliges LenahanVP & Appointed ActuaryJonathan Albert Canine

OTHER

Alan James Bailey # VP & Treasurer	Elizabeth Diane Bierbower Pres., Employer Group Segment	John Ellis Brown VP - Medicare Service Operations
Renee Jacqueline Buckingham # VP & Div. Leader - Eastern Div.	John Gregory Catron VP & Chief Compliance Officer	Michael Lester Cotton # Vice President
Steven James DeRaleau President, HumanaONE	Mark Sobhi El-Tawil VP & Div. Leader - Western Div.	Jeffrey Carl Fernandez Seg. VP, Medicare: West
Gerald Lawrence Ganoni # Pres. and VP, Small Business & Large Group	Roy Goldman Ph.D VP & Chief Actuary	Charles Frederic Lambert III Vice President
Brian Phillip LeClaire Sr. VP & Chief Info Officer	Heidi Suzanne Margulis Sr. Vice President	Steven Edward McCulley # SVP, Medicare Operations
Kevin Ross Meriwether VP & Div. Leader - Southeastern Div.	Bruno Roger Piquin VP & Div. Leader - Northern Div.	William Mark Preston # VP-Investment Management
Tamara Lynn Quiram # COO, Small Business & Large Group	Richard Donald Remmers VP, Employer Group Segment	George Renaudin Seg. VP, Medicare: East
Donald Hank Robinson # Vice President - Tax	Debra Anne Smith VP-Sr.Prod Strategy & Prod Dev	Joseph Christopher Ventura Assistant Corporate Secretary
Timothy Alan Wheatley President, Retail Segment	Ralph Martin Wilson Vice President	

DIRECTORS OR TRUSTEES

Steven Edward McCulley #

Bruce Dale Broussard

James Elmer Murray

State ofKentuckySS:

County ofJefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Bruce Dale BroussardPresident & CEO

Joan Olliges LenahanVP & Corporate Secretary

Alan James BaileyVP & Treasurer #

Subscribed and sworn to before me this20th day ofFebruary 2015

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Michele Sizemore
Notary Public
January 3, 2019

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	69,929	6,670	0	0	0	76,598
Group Subscribers:						
AMERICAN BICYCLE ASSOC	21,247	191	0	0	0	21,438
AMERICAN EMPLOYER GROUP	60,949	0	0	0	0	60,949
ARLINGHAUS BUILDERS	21,352	0	0	0	0	21,352
BARDSTOWN	44,971	0	0	0	0	44,971
BLACKHAWK STEEL CORP	29,754	0	0	0	0	29,754
BRUCE GLENN MOTORS	26,267	0	0	0	0	26,267
C.A.S.M. INC	0	0	0	10,559	10,559	0
CCI INDUSTRIAL SERVICES L	22,593	0	0	0	0	22,593
COBRA	403	8,692	6,287	20,961	20,961	15,382
GENERAL	26,850	0	0	0	0	26,850
HENSON CONSTRUCTION LLC	10,078	0	0	0	0	10,078
HERITAGE MILLWORKS LLC	15,701	0	0	0	0	15,701
KNIPP CONTRACTING LLC	0	0	0	12,187	12,187	0
LAFFERTY ENTERPRISES INC	0	26,901	0	0	0	26,901
LEE MOTORS LLC	0	0	0	13,469	13,469	0
LOUISVILLE WHEELS TRANSP0	16,240	0	0	0	0	16,240
MCMALO ENTERPRISES INC	2,281	9,993	0	0	0	12,274
MURAKAMI MANUFACTURING USA INC.	161,988	0	0	0	0	161,988
PADUCAH PRINTING CORPORAT	13,964	0	0	0	0	13,964
PERRY COUNTRY FISCAL COURT	102,076	0	0	0	0	102,076
RESOURCES IN HEALTHCARE MGMT	0	0	0	13,050	13,050	0
RICE AUTOMOTIVE	24,847	21	0	0	0	24,868
RICE BUICK GMC TRUCK INC	13,979	0	0	0	0	13,979
SHEET METALS	0	0	0	21,307	21,307	0
SIX SIGMA INC.	16,634	0	0	0	0	16,634
SOURCE ONE MANAGEMENT INC	0	0	0	11,952	11,952	0
ST LEONARD	9,498	0	25	958	958	9,522
ST. FRANCIS SCHOOL-GOSHEN	30,026	0	0	0	0	30,026
SUMMIT MEDICAL GROUP	549,041	0	0	0	0	549,041
TEMP HOLD	67,590	0	0	0	0	67,590
THE HERMAN GROUP/ENTERPRISE TITL	0	0	0	17,197	17,197	0
UAW RETIREE MEDICAL TRUST	18,497	0	0	0	0	18,497
UNO FLORIDA LLC	0	0	0	10,941	10,941	0
0299997. Group subscriber subtotal	1,306,828	45,798	6,311	132,580	132,580	1,358,937
0299998. Premiums due and unpaid not individually listed	43,259,285	366,404	191,586	1,671,114	1,671,114	43,817,275
0299999. Total group	44,566,113	412,202	197,897	1,803,694	1,803,694	45,176,212
0399999. Premiums due and unpaid from Medicare entities	330,593	145,255	189,141	950,676	0	1,615,666
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	44,966,635	564,127	387,038	2,754,370	1,803,694	46,868,476

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	31,572,517	0	0	474,490	474,490	31,572,517
0199999. Total Pharmaceutical Rebate Receivables	31,572,517	0	0	474,490	474,490	31,572,517
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	60,844	0	0	0	0	60,844
0299999. Total Claim Overpayment Receivables	60,844	0	0	0	0	60,844
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	6,107,500	6,107,500	0
0399999. Total Loans and Advances to Providers	0	0	0	6,107,500	6,107,500	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	10,322,207	10,322,207	0
0599999. Total Risk Sharing Receivables	0	0	0	10,322,207	10,322,207	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
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0799999 Gross health care receivables	31,633,361	0	0	16,904,198	16,904,198	31,633,361

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	20,783,657	99,970,137	0	32,047,007	20,783,657	16,836,020
2. Claim overpayment receivables	85,154	0	0	60,844	85,154	85,154
3. Loans and advances to providers	0	0	0	6,107,500	0	19,258,019
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	10,322,207	0	17,724
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	20,868,811	99,970,137	0	48,537,559	20,868,811	36,196,917

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted																																																																									
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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			xxx	xxx	xxx

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	7,432,115	0	5,271,258	2,160,857	2,160,857	0
2.	Medical furniture, equipment and fixtures	675,600	0	224,954	450,646	450,646	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	11,078,977	0	7,322,639	3,756,338	3,756,338	0
6.	Total	19,186,692	0	12,818,851	6,367,841	6,367,841	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Alabama		2014							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	14,202	0	0	0	327	657	0	13,218	0	0	
2.	First Quarter	18,199	0	0	0	508	4,144	0	13,547	0	0	
3.	Second Quarter	18,510	0	0	0	561	4,047	0	13,902	0	0	
4.	Third Quarter	17,198	0	0	0	600	2,145	0	14,453	0	0	
5.	Current Year	17,742	0	0	0	618	2,375	0	14,749	0	0	
6.	Current Year Member Months	210,847	0	0	0	6,757	36,404	0	167,686	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	286,481	0	0	0	0	0	0	286,481	0	0	
8.	Non-Physician	130,806	0	0	0	0	0	0	130,806	0	0	
9.	Total	417,287	0	0	0	0	0	0	417,287	0	0	
10.	Hospital Patient Days Incurred	34,455	0	0	0	0	0	0	34,455	0	0	
11.	Number of Inpatient Admissions	3,952	0	0	0	0	0	0	3,952	0	0	
12.	Health Premiums Written (b)	137,882,375	0	0	0	100,698	551,320	0	137,230,357	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	137,931,604	0	0	0	100,698	567,429	0	137,263,477	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	116,400,814	0	0	0	66,100	232,048	0	116,102,666	0	0	
18.	Amount Incurred for Provision of Health Care Services	117,635,631	0	0	0	72,689	243,469	0	117,319,473	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$137,230,357



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		Arizona	DURING THE YEAR			2014	NAIC Company Code		95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	44,717	0	16,666	0	0	1,512	0	26,539	0	0	
2. First Quarter	61,075	1,550	16,879	0	1,315	2,543	1,983	36,805	0	0	
3. Second Quarter	65,102	3,642	17,075	0	1,516	2,891	2,047	37,931	0	0	
4. Third Quarter	65,636	3,504	16,023	0	1,715	3,215	2,110	39,069	0	0	
5. Current Year	67,871	3,175	17,782	0	1,859	2,999	2,191	39,865	0	0	
6. Current Year Member Months	765,830	33,721	200,542	0	18,416	32,079	24,892	456,180	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	843,804	16,310	78,441	0	0	0	17,784	731,269	0	0	
8. Non-Physician	288,338	4,735	9,981	0	0	0	5,405	268,217	0	0	
9. Total	1,132,142	21,045	88,422	0	0	0	23,189	999,486	0	0	
10. Hospital Patient Days Incurred	96,994	1,249	3,112	0	0	0	612	92,021	0	0	
11. Number of Inpatient Admissions	11,884	200	739	0	0	0	127	10,818	0	0	
12. Health Premiums Written (b)	428,267,046	9,676,208	44,874,314	0	281,553	694,291	10,484,669	362,256,011	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	431,229,236	9,676,208	47,836,504	0	281,553	694,291	10,484,669	362,256,011	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services.....	368,011,482	10,771,805	34,842,872	0	138,111	495,130	10,602,241	311,161,323	0	0	
18. Amount Incurred for Provision of Health Care Services	382,184,658	13,532,268	35,636,381	0	158,095	506,481	10,607,104	321,744,329	0	0	

(a) For health business: number of persons insured under PPO managed care products21,909 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$362,256,011



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Arkansas		2014							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	31,508	0	0	0	2,542	3,560	0	25,406	0	0	
2.	First Quarter	35,874	0	0	0	2,621	3,942	0	29,311	0	0	
3.	Second Quarter	36,523	0	0	0	2,741	4,271	0	29,511	0	0	
4.	Third Quarter	36,860	0	0	0	2,795	4,398	0	29,667	0	0	
5.	Current Year	37,150	0	0	0	2,782	4,571	0	29,797	0	0	
6.	Current Year Member Months	443,267	0	0	0	32,695	56,127	0	354,445	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	495,024	0	0	0	0	0	0	495,024	0	0	
8.	Non-Physician	264,231	0	0	0	0	0	0	264,231	0	0	
9.	Total	759,255	0	0	0	0	0	0	759,255	0	0	
10.	Hospital Patient Days Incurred	69,581	0	0	0	0	0	0	69,581	0	0	
11.	Number of Inpatient Admissions	8,596	0	0	0	0	0	0	8,596	0	0	
12.	Health Premiums Written (b)	266,162,912	0	0	0	478,157	778,454	0	264,906,301	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	266,165,594	0	0	0	478,157	781,136	0	264,906,301	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	223,969,044	0	0	0	333,763	487,171	0	223,148,110	0	0	
18.	Amount Incurred for Provision of Health Care Services	221,919,654	0	0	0	363,218	484,045	0	221,072,391	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$264,906,301



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Colorado		2014							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	44,184	13,173	17,439	0	215	621	0	12,736	0	0	
2.	First Quarter	48,477	15,668	16,481	0	286	788	0	15,254	0	0	
3.	Second Quarter	52,592	18,711	17,174	0	336	856	0	15,515	0	0	
4.	Third Quarter	52,289	18,589	16,617	0	355	946	0	15,782	0	0	
5.	Current Year	53,596	16,969	19,431	0	363	805	0	16,028	0	0	
6.	Current Year Member Months	611,611	208,191	204,319	0	3,911	8,250	0	186,940	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	420,488	79,034	81,993	0	0	0	0	259,461	0	0	
8.	Non-Physician	200,774	27,027	22,818	0	0	0	0	150,929	0	0	
9.	Total	621,262	106,061	104,811	0	0	0	0	410,390	0	0	
10.	Hospital Patient Days Incurred	43,497	2,691	4,395	0	0	0	0	36,411	0	0	
11.	Number of Inpatient Admissions	5,296	563	639	0	0	0	0	4,094	0	0	
12.	Health Premiums Written (b)	258,037,988	49,567,052	66,944,456	0	57,820	176,329	0	141,293,035	0	(704)	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	259,669,105	50,464,580	67,678,045	0	57,820	176,329	0	141,293,035	0	(704)	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	217,354,185	43,086,781	52,824,300	0	37,476	111,167	0	121,294,461	0	0	
18.	Amount Incurred for Provision of Health Care Services	224,366,000	48,333,171	52,953,395	0	41,163	113,586	0	122,924,685	0	0	

(a) For health business: number of persons insured under PPO managed care products25,344 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$141,293,035



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Idaho		2014							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	4,674	0	0	0	399	735	0	3,540	0	0	
2.	First Quarter	4,091	0	0	0	315	635	0	3,141	0	0	
3.	Second Quarter	4,143	0	0	0	322	650	0	3,171	0	0	
4.	Third Quarter	4,203	0	0	0	323	665	0	3,215	0	0	
5.	Current Year	4,129	0	0	0	329	568	0	3,232	0	0	
6.	Current Year Member Months	48,918	0	0	0	3,876	6,861	0	38,181	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	45,699	0	0	0	0	0	0	45,699	0	0	
8.	Non-Physician	36,013	0	0	0	0	0	0	36,013	0	0	
9.	Total	81,712	0	0	0	0	0	0	81,712	0	0	
10.	Hospital Patient Days Incurred	6,129	0	0	0	0	0	0	6,129	0	0	
11.	Number of Inpatient Admissions	692	0	0	0	0	0	0	692	0	0	
12.	Health Premiums Written (b)	28,059,992	0	0	0	58,836	222,225	0	27,778,941	0	(10)	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	28,059,992	0	0	0	58,836	222,225	0	27,778,941	0	(10)	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	23,118,492	0	0	0	34,802	128,407	0	22,955,283	0	0	
18.	Amount Incurred for Provision of Health Care Services	22,882,390	0	0	0	38,274	128,998	0	22,715,118	0	0	

(a) For health business: number of persons insured under PPO managed care products1,702 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$27,778,941

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2014							NAIC Company Code	95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	73,954	135	22,433	0	67	2,311	13,777	35,231	0	0		
2. First Quarter	76,605	905	19,759	0	545	927	12,860	41,580	29	0		
3. Second Quarter	84,014	1,576	19,039	0	667	1,126	12,677	44,839	4,090	0		
4. Third Quarter	96,864	1,461	19,564	0	731	1,215	12,554	48,700	12,639	0		
5. Current Year	100,242	1,290	19,637	0	766	1,012	12,405	49,849	15,283	0		
6. Current Year Member Months	1,038,751	15,433	233,022	0	7,768	11,130	150,528	540,998	79,872	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,088,845	7,989	102,210	0	0	0	118,735	811,248	48,663	0		
8. Non-Physician	345,304	2,945	41,771	0	0	0	51,168	227,264	22,156	0		
9. Total	1,434,149	10,934	143,981	0	0	0	169,903	1,038,512	70,819	0		
10. Hospital Patient Days Incurred	84,693	572	5,397	0	0	0	7,022	67,718	3,984	0		
11. Number of Inpatient Admissions	10,280	103	1,059	0	0	0	894	7,363	861	0		
12. Health Premiums Written (b)	723,298,534	7,431,828	95,151,530	0	118,620	215,454	86,471,583	474,158,357	59,750,789	373		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	710,338,638	7,431,828	95,491,157	0	118,620	215,454	86,471,583	470,254,829	50,354,794	373		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	585,260,351	8,382,597	81,256,600	0	56,681	180,421	79,849,953	387,402,196	28,131,903	0		
18. Amount Incurred for Provision of Health Care Services	610,682,039	9,785,010	81,804,888	0	64,657	168,850	79,225,032	399,092,839	40,540,763	0		

(a) For health business: number of persons insured under PPO managed care products690 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$474,158,357



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		Indiana	DURING THE YEAR						2014	NAIC Company Code	95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	16,879	0	4,686	0	248	673	0	11,272	0	0			
2. First Quarter	22,525	0	4,914	0	282	658	0	16,671	0	0			
3. Second Quarter	23,362	0	5,071	0	299	719	0	17,273	0	0			
4. Third Quarter	24,328	0	5,393	0	308	754	0	17,873	0	0			
5. Current Year	25,054	0	6,038	0	299	436	0	18,281	0	0			
6. Current Year Member Months	280,161	0	63,267	0	3,529	5,126	0	208,239	0	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	303,071	0	36,252	0	0	0	0	266,819	0	0			
8. Non-Physician	156,459	0	9,567	0	0	0	0	146,892	0	0			
9. Total	459,530	0	45,819	0	0	0	0	413,711	0	0			
10. Hospital Patient Days Incurred	41,418	0	1,377	0	0	0	0	40,041	0	0			
11. Number of Inpatient Admissions	5,007	0	287	0	0	0	0	4,720	0	0			
12. Health Premiums Written (b)	178,709,385	0	19,940,515	0	52,590	182,337	0	158,533,943	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	178,709,385	0	19,940,515	0	52,590	182,337	0	158,533,943	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	149,736,853	0	16,267,173	0	25,044	106,802	0	133,337,834	0	0			
18. Amount Incurred for Provision of Health Care Services	155,155,496	0	16,681,072	0	25,861	96,025	0	138,352,538	0	0			

(a) For health business: number of persons insured under PPO managed care products7,612 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$158,533,943



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kansas		2014							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	21,920	0	1,288	0	0	0	5,286	15,346	0	0	
2.	First Quarter	23,562	0	1,505	0	0	0	5,050	17,007	0	0	
3.	Second Quarter	23,437	0	1,407	0	0	0	5,007	17,023	0	0	
4.	Third Quarter	23,467	0	1,463	0	0	0	4,964	17,040	0	0	
5.	Current Year	23,998	0	1,992	0	0	0	4,887	17,119	0	0	
6.	Current Year Member Months	281,365	0	18,454	0	0	0	58,894	204,017	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	373,990	0	6,590	0	0	0	47,428	319,972	0	0	
8.	Non-Physician	192,091	0	2,324	0	0	0	21,976	167,791	0	0	
9.	Total	566,081	0	8,914	0	0	0	69,404	487,763	0	0	
10.	Hospital Patient Days Incurred	66,873	0	334	0	0	0	2,347	64,192	0	0	
11.	Number of Inpatient Admissions	6,449	0	56	0	0	0	324	6,069	0	0	
12.	Health Premiums Written (b)	207,759,537	0	4,270,039	0	0	(188)	27,746,799	175,657,622	0	85,265	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	207,759,537	0	4,270,039	0	0	(188)	27,746,799	175,657,622	0	85,265	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	178,525,087	0	3,380,283	0	0	0	26,206,777	148,938,027	0	0	
18.	Amount Incurred for Provision of Health Care Services	178,102,223	0	3,845,139	0	0	(27)	26,326,442	147,930,669	0	0	

(a) For health business: number of persons insured under PPO managed care products7,598 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$175,657,622



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2014							NAIC Company Code	95885
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9		10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid		Other
Total Members at end of:												
1. Prior Year		154,810	22,092	103,125	0	926	324	1,467	11,344	15,532		0
2. First Quarter		186,815	24,288	93,578	0	994	214	1,530	13,894	52,317		0
3. Second Quarter		212,300	27,852	97,224	0	1,061	216	1,556	14,264	70,127		0
4. Third Quarter		224,478	26,675	94,400	0	1,117	217	1,599	14,606	85,864		0
5. Current Year		239,319	24,645	100,345	0	1,107	49	1,603	14,759	96,811		0
6. Current Year Member Months		2,435,562	316,837	1,143,860	0	12,696	1,055	18,577	170,986	771,551		0
Total Member Ambulatory Encounters for Year:												
7. Physician		1,650,633	137,164	692,674	0	0	0	14,175	302,273	504,347		0
8. Non-Physician		786,655	52,386	258,714	0	0	0	5,185	136,626	333,744		0
9. Total		2,437,288	189,550	951,388	0	0	0	19,360	438,899	838,091		0
10. Hospital Patient Days Incurred		200,440	5,639	26,511	0	0	0	535	39,304	128,451		0
11. Number of Inpatient Admissions		28,941	965	4,813	0	0	0	81	4,722	18,360		0
12. Health Premiums Written (b)		1,076,379,204	64,412,341	392,221,846	0	182,846	7,583	7,508,984	137,674,858	474,370,746		0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0		0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0		0
15. Health Premiums Earned		1,079,924,977	64,468,485	395,711,475	0	182,846	7,583	7,508,984	137,674,858	474,370,746		0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0		0
17. Amount Paid for Provision of Health Care Services		846,552,871	59,124,355	310,663,401	0	88,826	26,227	6,454,442	122,239,229	347,956,391		0
18. Amount Incurred for Provision of Health Care Services		921,332,901	63,994,044	309,299,163	0	91,869	11,272	6,274,522	127,215,656	414,446,375		0

(a) For health business: number of persons insured under PPO managed care products117,967 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$137,674,858



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2014							NAIC Company Code	95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	34,238	0	498	0	691	1,277	0	31,772	0	0		
2. First Quarter	38,223	0	494	0	699	1,488	0	35,542	0	0		
3. Second Quarter	38,902	0	494	0	726	1,603	0	36,079	0	0		
4. Third Quarter	39,397	0	489	0	731	1,694	0	36,483	0	0		
5. Current Year	39,706	0	473	0	732	1,487	0	37,014	0	0		
6. Current Year Member Months	465,083	0	5,786	0	8,647	17,224	0	433,426	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	612,497	0	3,889	0	0	0	0	608,608	0	0		
8. Non-Physician	334,926	0	1,775	0	0	0	0	333,151	0	0		
9. Total	947,423	0	5,664	0	0	0	0	941,759	0	0		
10. Hospital Patient Days Incurred	102,087	0	143	0	0	0	0	101,944	0	0		
11. Number of Inpatient Admissions	11,331	0	27	0	0	0	0	11,304	0	0		
12. Health Premiums Written (b)	354,522,773	0	2,761,556	0	125,928	291,438	(3,905)	351,338,928	0	8,828		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	354,522,773	0	2,761,556	0	125,928	291,438	(3,905)	351,338,928	0	8,828		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	295,151,219	0	2,570,217	0	80,640	224,159	(21,295)	292,297,498	0	0		
18. Amount Incurred for Provision of Health Care Services	299,527,257	0	2,654,129	0	88,445	225,056	15,546	296,544,081	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$351,338,928



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Nebraska		2014							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	4,743	0	0	0	273	275	0	4,195	0	0	
2.	First Quarter	5,275	0	0	0	317	347	0	4,611	0	0	
3.	Second Quarter	5,361	0	0	0	337	358	0	4,666	0	0	
4.	Third Quarter	5,401	0	0	0	363	366	0	4,672	0	0	
5.	Current Year	5,361	0	0	0	357	361	0	4,643	0	0	
6.	Current Year Member Months	64,085	0	0	0	4,081	4,239	0	55,765	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	85,940	0	0	0	0	0	0	85,940	0	0	
8.	Non-Physician	39,666	0	0	0	0	0	0	39,666	0	0	
9.	Total	125,606	0	0	0	0	0	0	125,606	0	0	
10.	Hospital Patient Days Incurred	14,960	0	0	0	0	0	0	14,960	0	0	
11.	Number of Inpatient Admissions	1,343	0	0	0	0	0	0	1,343	0	0	
12.	Health Premiums Written (b)	42,581,309	0	0	0	62,022	110,694	0	42,408,593	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	42,581,309	0	0	0	62,022	110,694	0	42,408,593	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	36,983,455	0	0	0	0	60,070	0	36,923,385	0	0	
18.	Amount Incurred for Provision of Health Care Services	37,060,185	0	0	0	0	59,455	0	37,000,730	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$42,408,593



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2014							NAIC Company Code	95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	44,763	0	1,362	0	1,795	5,742	0	35,864	0	0		
2. First Quarter	46,553	0	1,372	0	2,877	4,855	0	37,449	0	0		
3. Second Quarter	47,224	0	1,328	0	3,140	4,954	0	37,802	0	0		
4. Third Quarter	48,131	0	1,512	0	3,320	5,044	0	38,255	0	0		
5. Current Year	45,937	0	1,477	0	3,343	2,185	0	38,932	0	0		
6. Current Year Member Months	570,803	0	16,839	0	37,139	24,782	0	492,043	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	711,452	0	4,268	0	0	0	0	707,184	0	0		
8. Non-Physician	239,297	0	897	0	0	0	0	238,400	0	0		
9. Total	950,749	0	5,165	0	0	0	0	945,584	0	0		
10. Hospital Patient Days Incurred	72,215	0	271	0	0	0	0	71,944	0	0		
11. Number of Inpatient Admissions	9,268	0	51	0	0	0	0	9,217	0	0		
12. Health Premiums Written (b)	522,808,207	0	3,678,563	0	543,131	489,153	0	518,097,360	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	522,653,214	0	3,523,570	0	543,131	489,153	0	518,097,360	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	452,214,428	0	3,471,220	0	381,104	580,694	0	447,781,410	0	0		
18. Amount Incurred for Provision of Health Care Services	446,761,435	0	3,584,325	0	416,268	565,550	0	442,195,292	0	0		

(a) For health business: number of persons insured under PPO managed care products1,344 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$518,097,360



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		New Mexico		2014							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	3,844	0	0	0	0	298	0	3,546	0	0	
2.	First Quarter	4,409	0	0	0	0	8	0	4,401	0	0	
3.	Second Quarter	4,514	0	0	0	0	8	0	4,506	0	0	
4.	Third Quarter	4,615	0	0	0	0	8	0	4,607	0	0	
5.	Current Year	4,714	0	0	0	0	1	0	4,713	0	0	
6.	Current Year Member Months	54,255	0	0	0	0	73	0	54,182	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	70,414	0	0	0	0	0	0	70,414	0	0	
8.	Non-Physician	43,534	0	0	0	0	0	0	43,534	0	0	
9.	Total	113,948	0	0	0	0	0	0	113,948	0	0	
10.	Hospital Patient Days Incurred	9,157	0	0	0	0	0	0	9,157	0	0	
11.	Number of Inpatient Admissions	979	0	0	0	0	0	0	979	0	0	
12.	Health Premiums Written (b)	39,638,284	0	0	0	0	(15,960)	0	39,655,261	0	(1,017)	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	39,638,284	0	0	0	0	(15,960)	0	39,655,261	0	(1,017)	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	33,203,047	0	0	0	0	1,566	0	33,201,481	0	0	
18.	Amount Incurred for Provision of Health Care Services	33,712,174	0	0	0	0	(68)	0	33,712,242	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$39,655,261



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2014							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned.....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services.....												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		South Carolina	DURING THE YEAR						2014	NAIC Company Code	95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	21,434	0	0	0	1,087	1,949	0	18,398	0	0			
2. First Quarter	39,721	0	0	0	1,573	2,970	0	35,178	0	0			
3. Second Quarter	41,242	0	0	0	1,724	3,351	0	36,167	0	0			
4. Third Quarter	42,449	0	0	0	1,827	3,633	0	36,989	0	0			
5. Current Year	42,828	0	0	0	1,830	3,211	0	37,787	0	0			
6. Current Year Member Months	491,033	0	0	0	20,531	35,718	0	434,784	0	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	684,377	0	0	0	0	0	0	684,377	0	0			
8. Non-Physician	295,936	0	0	0	0	0	0	295,936	0	0			
9. Total	980,313	0	0	0	0	0	0	980,313	0	0			
10. Hospital Patient Days Incurred	87,099	0	0	0	0	0	0	87,099	0	0			
11. Number of Inpatient Admissions	9,880	0	0	0	0	0	0	9,880	0	0			
12. Health Premiums Written (b)	335,146,012	0	0	0	306,778	672,336	0	334,166,898	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	335,146,012	0	0	0	306,778	672,336	0	334,166,898	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	284,241,657	0	0	0	179,539	380,495	0	283,681,623	0	0			
18. Amount Incurred for Provision of Health Care Services	301,531,588	0	0	0	180,260	380,916	0	300,970,412	0	0			

(a) For health business: number of persons insured under PPO managed care products793 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$334,166,898



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2014							NAIC Company Code	95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	20,802	0	20,627	0	0	0	175	0	0	0		
2. First Quarter	18,641	0	18,422	0	0	0	219	0	0	0		
3. Second Quarter	18,298	0	18,062	0	0	0	236	0	0	0		
4. Third Quarter	17,542	0	17,297	0	0	0	245	0	0	0		
5. Current Year	16,932	0	16,683	0	0	0	249	0	0	0		
6. Current Year Member Months	214,223	0	211,439	0	0	0	2,784	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	131,322	0	129,456	0	0	0	1,866	0	0	0		
8. Non-Physician	29,960	0	29,329	0	0	0	631	0	0	0		
9. Total	161,282	0	158,785	0	0	0	2,497	0	0	0		
10. Hospital Patient Days Incurred	4,705	0	4,675	0	0	0	30	0	0	0		
11. Number of Inpatient Admissions	810	0	804	0	0	0	6	0	0	0		
12. Health Premiums Written (b)	64,089,305	0	63,130,412	0	0	0	958,893	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	64,095,302	0	63,136,409	0	0	0	958,893	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	52,089,025	0	51,380,340	0	0	0	708,685	0	0	0		
18. Amount Incurred for Provision of Health Care Services	51,567,925	0	50,870,845	0	0	0	697,080	0	0	0		

(a) For health business: number of persons insured under PPO managed care products16,371 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Texas			DURING THE YEAR 2014							NAIC Company Code
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Virginia		2014							NAIC Company Code 95885	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	34,260	0	0	0	532	1,248	0	32,480	0	0	
2.	First Quarter	49,089	0	0	0	1,740	1,110	0	46,239	0	0	
3.	Second Quarter	52,511	0	0	0	2,127	1,351	0	48,176	857	0	
4.	Third Quarter	68,794	0	0	0	2,387	1,496	0	55,103	9,808	0	
5.	Current Year	74,227	0	0	0	2,537	1,317	0	57,832	12,541	0	
6.	Current Year Member Months	708,120	0	0	0	25,130	13,587	0	609,680	59,723	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	1,000,720	0	0	0	0	0	0	953,367	47,353	0	
8.	Non-Physician	545,432	0	0	0	0	0	0	523,043	22,389	0	
9.	Total	1,546,152	0	0	0	0	0	0	1,476,410	69,742	0	
10.	Hospital Patient Days Incurred	125,648	0	0	0	0	0	0	124,605	1,043	0	
11.	Number of Inpatient Admissions	14,197	0	0	0	0	0	0	14,112	85	0	
12.	Health Premiums Written (b)	575,490,565	0	0	0	380,004	256,718	0	523,967,195	50,886,664	(16)	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	575,490,565	0	0	0	380,004	256,718	0	523,967,195	50,886,664	(16)	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	468,844,779	0	0	0	195,628	165,760	0	436,052,278	32,431,113	0	
18.	Amount Incurred for Provision of Health Care Services	508,100,669	0	0	0	215,397	157,184	0	464,035,766	43,692,322	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$523,967,195



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2014							NAIC Company Code	95885
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	15,071	0	0	0	1,006	1,798	0	12,267	0	0		
2. First Quarter	22,528	0	0	0	1,519	1,261	0	19,748	0	0		
3. Second Quarter	22,930	0	0	0	1,616	1,345	0	19,969	0	0		
4. Third Quarter	23,223	0	0	0	1,648	1,388	0	20,187	0	0		
5. Current Year	24,659	0	0	0	1,684	2,573	0	20,402	0	0		
6. Current Year Member Months	290,742	0	0	0	19,221	30,798	0	240,723	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	319,291	0	0	0	0	0	0	319,291	0	0		
8. Non-Physician	139,503	0	0	0	0	0	0	139,503	0	0		
9. Total	458,794	0	0	0	0	0	0	458,794	0	0		
10. Hospital Patient Days Incurred	43,361	0	0	0	0	0	0	43,361	0	0		
11. Number of Inpatient Admissions	4,871	0	0	0	0	0	0	4,871	0	0		
12. Health Premiums Written (b)	183,298,322	0	0	0	290,232	876,597	0	182,121,912	0	9,581		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	183,298,322	0	0	0	290,232	876,597	0	182,121,912	0	9,581		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	157,851,899	0	0	0	175,317	326,760	0	157,349,818	0	4		
18. Amount Incurred for Provision of Health Care Services	161,231,926	0	0	0	189,894	326,284	0	160,715,748	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$182,121,912



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF West Virginia			DURING THE YEAR 2014							NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

30.WV



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR				2014	NAIC Company Code		95885
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9			10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid			Other
Total Members at end of:													
1.	Prior Year	586,003	35,400	188,124	0	10,108	22,980	20,705	293,154	15,532			0
2.	First Quarter	701,662	42,411	173,404	0	15,591	25,890	21,642	370,378	52,346			0
3.	Second Quarter	750,965	51,781	176,874	0	17,173	27,746	21,523	380,794	75,074			0
4.	Third Quarter	794,875	50,229	172,758	0	18,220	27,184	21,472	396,701	108,311			0
5.	Current Year	823,465	46,079	183,858	0	18,606	23,950	21,335	405,002	124,635			0
6.	Current Year Member Months	8,974,656	574,182	2,097,528	0	204,397	283,453	255,675	4,648,275	911,146			0
Total Member Ambulatory Encounters for Year:													
7.	Physician	9,124,048	240,497	1,135,773	0	0	0	199,988	6,947,427	600,363			0
8.	Non-Physician	4,068,925	87,093	377,176	0	0	0	84,365	3,142,002	378,289			0
9.	Total	13,192,973	327,590	1,512,949	0	0	0	284,353	10,089,429	978,652			0
10.	Hospital Patient Days Incurred	1,103,312	10,151	46,215	0	0	0	10,546	902,922	133,478			0
11.	Number of Inpatient Admissions	133,776	1,831	8,475	0	0	0	1,432	102,732	19,306			0
12.	Health Premiums Written (b)	5,422,131,750	131,087,429	692,973,231	0	3,039,215	5,508,781	133,167,023	3,871,245,572	585,008,199			102,300
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0			0
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0			0
15.	Health Premiums Earned	5,417,213,849	132,041,101	700,349,270	0	3,039,215	5,527,572	133,167,023	3,867,375,164	575,612,204			102,300
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0			0
17.	Amount Paid for Provision of Health Care Services	4,489,508,688	121,365,538	556,656,406	0	1,793,031	3,506,877	123,800,803	3,273,866,622	408,519,407			4
18.	Amount Incurred for Provision of Health Care Services	4,673,754,151	135,644,493	557,329,337	0	1,946,090	3,467,076	123,145,726	3,353,541,969	498,679,460			0

(a) For health business: number of persons insured under PPO managed care products201,330 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,871,245,572

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
9999999 - Totals											

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
88340 .59-2859797	10/01/2013	HANNOVER LIFE REASSURANCE CO OF AMERICA	FL	SSL/A/I	CMM		457,885	0	0	0	0	0	0
88340 .59-2859797	10/01/2014	HANNOVER LIFE REASSURANCE CO OF AMERICA	FL	SSL/A/I	CMM		190,280	0	0	0	0	0	0
10357 .52-1952955	10/01/2013	PLATINUM UNDERWRITERS REINS INC	MD	SSL/A/I	CMM		790,891	0	0	0	0	0	0
10357 .52-1952955	10/01/2014	PLATINUM UNDERWRITERS REINS INC	MD	SSL/A/I	CMM		251,819	0	0	0	0	0	0
00000 .AA-9990032	01/01/2014	US DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	OTH/A/I	CMM		871,864	0	0	0	0	0	0
39845 .48-0921045	01/01/2014	WESTPORT INSURANCE CORPORATION	MO	SSL/A/I	CMM		19,454	0	0	0	0	0	0
39845 .48-0921045	01/01/2014	WESTPORT INSURANCE CORPORATION	MO	SSL/A/I	MR		125,971	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							2,708,164	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							2,708,164	0	0	0	0	0	0
1199999. Total General Account Authorized							2,708,164	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
00000 .00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	MT	QA/A/I	MC		467,359,730	0	0	0	0	0	106,400,209
1999999. General Account - Unauthorized U.S. Non-Affiliates							467,359,730	0	0	0	0	0	106,400,209
2199999. Total General Account - Unauthorized Non-Affiliates							467,359,730	0	0	0	0	0	106,400,209
2299999. Total General Account Unauthorized							467,359,730	0	0	0	0	0	106,400,209
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							470,067,894	0	0	0	0	0	106,400,209
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							470,067,894	0	0	0	0	0	106,400,209
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							470,067,894	0	0	0	0	0	106,400,209

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
...00000 ...00-0000000 ...11/20/2012 | CARESOURCE REINSURANCE LLC				0	78,402,133	0	78,402,133	0		0	106,400,209	488,762	0	78,402,133
1999999. General Account - Accident and Health U.S. Non-Affiliates				0	78,402,133	0	78,402,133	0	XXX	0	106,400,209	488,762	0	78,402,133
2199999. Total General Account - Accident and Health Non-Affiliates				0	78,402,133	0	78,402,133	0	XXX	0	106,400,209	488,762	0	78,402,133
2299999. Total General Account Accident and Health				0	78,402,133	0	78,402,133	0	XXX	0	106,400,209	488,762	0	78,402,133
2399999. Total General Account				0	78,402,133	0	78,402,133	0	XXX	0	106,400,209	488,762	0	78,402,133
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	78,402,133	0	78,402,133	0	XXX	0	106,400,209	488,762	0	78,402,133
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	78,402,133	0	78,402,133	0	XXX	0	106,400,209	488,762	0	78,402,133

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums	2,582	1,183	981	886	110,694
2. Title XVIII - Medicare	126	109	0	0	0
3. Title XIX - Medicaid	467,360	86,605	0	0	0
4. Commissions and reinsurance expense allowance	39,822	0	0	0	0
5. Total hospital and medical expenses	440,637	81,908	0	2	85,213
B. BALANCE SHEET ITEMS					
6. Premiums receivable	9,000	0	0	0	0
7. Claims payable	83,400	11,912	0	0	1
8. Reinsurance recoverable on paid losses	19,228	0	0	0	0
9. Experience rating refunds due or unpaid	489	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	106,400	10,875	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	106,400	10,875	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	489	1,619	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	0	XXX	XXX
19. Letters of credit (L)	0	0	0	XXX	XXX
20. Trust agreements (T)	0	0	0	XXX	XXX
21. Other (O)	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	942,389,147	0	942,389,147
2. Accident and health premiums due and unpaid (Line 15)	55,732,303	0	55,732,303
3. Amounts recoverable from reinsurers (Line 16.1)	19,227,628	(19,227,628)	0
4. Net credit for ceded reinsurance	XXX	(2,842,158)	(2,842,158)
5. All other admitted assets (Balance)	257,715,655	(488,762)	257,226,893
6. Total assets (Line 28)	1,275,064,733	(22,558,548)	1,252,506,185
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	444,812,278	83,399,914	528,212,192
8. Accrued medical incentive pool and bonus payments (Line 2)	1,288,595	0	1,288,595
9. Premiums received in advance (Line 8)	18,536,191	0	18,536,191
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	106,400,209	(106,400,209)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	118,381,745	441,747	118,823,492
15. Total liabilities (Line 24)	689,419,018	(22,558,548)	666,860,470
16. Total capital and surplus (Line 33)	585,645,715	XXX	585,645,715
17. Total liabilities, capital and surplus (Line 34)	1,275,064,733	(22,558,548)	1,252,506,185
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	83,399,914		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	19,227,628		
22. Other ceded reinsurance recoverables	488,762		
23. Total ceded reinsurance recoverables	103,116,304		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	106,400,209		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	(441,747)		
30. Total ceded reinsurance payables/offsets	105,958,462		
31. Total net credit for ceded reinsurance	(2,842,158)		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA		Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	20-5309363				515-526W MainSt CondoCouncil of Co-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	27-0200477				Ambulatory Care Solutions of Arkansas LLC	AR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	26-4179617				Ambulatory Care Solutions of Ohio LLC	OH	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	37-1485812				Ambulatory Care Solutions, LLC	IN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	65-0380198				American Eldercare, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	27-3387971				Arcadian Choice, Inc.	TX	NIA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	86-0836599				Arcadian Management Services, Inc.	DE	NIA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	0.000	Humana Inc.	1
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	13-4106498				Cambridge Companions, LLC	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	13-4076893				Cambridge Personal Care, LLC	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CHP Holdings, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	80-0072760				Certify Data Systems, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	DS	CHA Service Company	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	61-1279716				CHA Service Company	KY	DS	Humana Health Plan, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	01-0510161				CM Occupational Health, L.L.C.	ME	NIA	See Footnote 2	Joint Venture	0.000	Humana Inc.	2
.0119	Humana Inc.	.00000	20-5440995				GNU Blue 2, LLC	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	20-0114482				Concentra Akron, L.L.C.	DE	NIA	See Footnote 3	Joint Venture	100.000	Humana Inc.	3
.0119	Humana Inc.	.00000	62-1691148				Concentra Arkansas, L.L.C.	DE	NIA	See Footnote 8	Joint Venture	0.000	Humana Inc.	8
.0119	Humana Inc.	.00000	75-2510547				Concentra Health Services, Inc.	NV	NIA	Concentra Operating Corporation	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	26-4823524				Concentra Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	04-2658593				Concentra Integrated Services, Inc.	MA	NIA	National Healthcare Resources, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	76-0546504				Concentra Laboratory, L.L.C.	DE	NIA	National Healthcare Resources, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	75-2857879				Concentra Occ Health Research Institute	TX	NIA	Concentra Health Services, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	23-2901126				Concentra Occ Healthcare Harrisburg, L.P.	PA	NIA	See Footnote 9	Joint Venture	0.000	Humana Inc.	9
.0119	Humana Inc.	.00000	04-3363415				Concentra Operating Corporation	DE	NIA	Concentra Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	75-2678146				Concentra Solutions, Inc.	DE	NIA	Concentra Health Services, Inc.	Ownership	100.000	Humana Inc.	0
.0119	Humana Inc.	.00000	75-2784513				Concentra South Carolina, L.L.C.	DE	NIA	See Footnote 10	Joint Venture	0.000	Humana Inc.	10
.0119	Humana Inc.	.00000	75-2821236				Concentra St. Louis, L.L.C.	DE	NIA	See Footnote 11	Joint Venture	0.000	Humana Inc.	11
.0119	Humana Inc.	.00000	22-3675361				Concentra-UPMC, L.L.C.	DE	NIA	See Footnote 12	Joint Venture	0.000	Humana Inc.	12

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0119	Humana Inc.	00000	59-2716023				Continuicare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0796178				Continuicare Managed Care, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5646291				Continuicare MDHC, LLC	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0791417				Continuicare Medical Management, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0780986				Continuicare MSO, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-8236655				Corphealth Provider Link, Inc.	TX	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2043865				Corphealth, Inc.	TX	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	33-0916248				DefenseWeb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	88595	31-0935772				Emphesys Insurance Company	TX	IA	Emphesys, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1237697				Emphesys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
							SeniorBridge Family Companies (NY), Inc.							
0119	Humana Inc.	00000	11-2795529				Harte Placements, Inc.	NY	NIA		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-4912173				HRI Humana of California Inc.	CA	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3592783				HUM INT, LLC	DE	NIA	HUM-Holdings International, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3580066				Humana at Home (MA), Inc.	MA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0274594				Humana at Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	52028	36-3654697				Humana Dental Concern, Ltd.	IL	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	RE	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-0647538			NYSE	Humana Inc.	DE	UDP		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-5329373				Humana MSO, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Arcadian Management Services, Inc./Arcadian Health Plan, Inc.	Ownership	100.000	Humana Inc.	6
0119	Humana Inc.	00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-4535747				HumanaVitality, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3583438				HUM-Holdings International, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 4	Other	100.000	Humana Inc.	4
0119	Humana Inc.	00000	76-0537878				Inteli Home Healthcare, Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	11-3273542				National Healthcare Resources, Inc.	DE	NIA	Concentra Health Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3353031				OHR/Baystate, LLC	MA	NIA	See Footnote 13	Joint Venture	0.000	Humana Inc.	13
0119	Humana Inc.	00000	04-3353031				OHR/MMC, Limited Liability Company	ME	NIA	See Footnote 5	Joint Venture	100.000	Humana Inc.	5
0119	Humana Inc.	00000	98-0445802				OMP Insurance Company, Ltd.	TX	NIA	Concentra Operating Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2739333				Reachout Homecare, Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	01-0766084				SeniorBridge Family Companies (TX), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0691871				SeniorBridge Family Companies (VA), Inc.	VA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
...0119	Humana Inc. ....	...00000	27-0338595	.....	.....	.....	Seredor Corporation .....	..FL	...NIA.....	Continuicare Corporation	Ownership.....	..100.000	Humana Inc. ....	.....0
...0119	Humana Inc. ....	...00000	86-0597187	.....	.....	.....	St. Mary's Medical Park Pharmacy, Inc. ....	..AZ	...NIA.....	Humana Pharmacy, Inc.	Ownership.....	..100.000	Humana Inc. ....	.....0
...0119	Humana Inc. ....	...00000	32-0375132	.....	.....	.....	Symphony Health Partners - Midwest, LLC .....	..DE	...NIA.....	See Footnote 7	Ownership.....	..0.000	Humana Inc. ....	.....7
...0119	Humana Inc. ....	...00000	45-5032192	.....	.....	.....	Symphony Health Partners, Inc. ....	..DE	...NIA.....	Metropolitan Health Networks, Inc.	Ownership.....	..100.000	Humana Inc. ....	.....0
...0119	Humana Inc. ....	...00000	74-2352809	.....	.....	.....	Texas Dental Plans, Inc. ....	..TX	...NIA.....	Humana Dental Company	Ownership.....	..100.000	Humana Inc. ....	.....0
...0119	Humana Inc. ....	...54739	52-1157181	.....	.....	.....	The Dental Concern, Inc. ....	..KY	...IA.....	HumanaDental, Inc.	Ownership.....	..100.000	Humana Inc. ....	.....0
...0119	Humana Inc. ....	...00000	75-2600512	.....	.....	.....	TLC Plus of Texas, Inc. ....	..TX	...NIA.....	ROHC, L.L.C.	Ownership.....	..100.000	Humana Inc. ....	.....0
...0119	Humana Inc. ....	...00000	20-3585174	.....	.....	.....	Valor Healthcare, Inc. ....	..DE	...NIA.....	Humana Inc.	Ownership.....	..100.000	Humana Inc. ....	.....0

Asterisk	Explanation
1	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Selcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.
2	CM Occupational Health, Limited Liability Company is a Maine limited liability company. Occupational Health + Rehabilitation LLC has a 90% ownership interest and Advanced Health Services, Inc. has a 10% ownership interest.
3	Concentra Akron, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Akron General Partners, Inc. has a 49% ownership interest.
4	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers of Excellence, Inc. owns the other 50%.
5	OHR/MMC, Limited Liability Company is a Main limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Maine Health has a 49% ownership interest.
6	Ownership is 60% Arcadian Health Plan, Inc., 40% Arcadian Management Services, Inc.
7	Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC.
8	Concentra Arkansas, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and St. Vincent Community Health Services, Inc. has a 49% ownership interest.
9	Concentra Occupational Healthcare Harrisburg, L.P. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Pinnacle Health Hospitals has a 49% interest.
10	Concentra South Carolina, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and North Trident Regional Hospital, Inc. has a 49% ownership interest.
11	Concentra St. Louis, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 70% ownership interest and Tenet HealthSystem SL-HLC, Inc. has a 30% ownership interest.
12	Concentra-UPMC, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Community Occupational Medicine, Inc. has a 49% ownership interest.
13	OHR/Baystate, LLC is a Massachusetts limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Bayside Medical Center has a 49% ownership interest.

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	(7,250,397)	0	0	0	(7,250,397)	0
00000	20-0381804	1st Choice Home Health Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	20-5309363	515-526W MainSt CondoCouncilofCo-Owners	0	0	0	0	0	0	0	0	0	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	(6,540,184)	0	0	0	(6,540,184)	0
00000	27-0200477	Ambulatory Care Solutions of Arkansas LLC	0	0	0	0	0	0	0	0	0	0
00000	26-4179617	Ambulatory Care Solutions of Ohio LLC	0	0	0	0	(17)	0	0	0	(17)	0
00000	37-1485812	Ambulatory Care Solutions, LLC	0	0	0	0	(17)	0	0	0	(17)	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	(16)	0	0	0	(16)	0
00000	65-0380198	American Eldercare, Inc.	0	20,000,000	0	0	(2,151,190)	0	0	0	17,848,810	0
00000	27-3387971	Arcadian Choice, Inc.	0	0	0	0	0	0	0	0	0	0
12151	20-1001348	Arcadian Health Plan, Inc.	(18,500,000)	0	0	0	(9,211,345)	0	0	0	(27,711,345)	0
00000	86-0836599	Arcadian Management Services, Inc.	0	0	0	0	313,645	0	0	0	313,645	0
00000	59-3715944	Availity, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	(1,800,301)	0	0	0	(1,800,301)	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	14,802,987	0	0	0	14,802,987	0
00000	13-4106498	Cambridge Companions, LLC	0	0	0	0	0	0	0	0	0	0
00000	13-4076893	Cambridge Personal Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(1,297,308)	0	0	0	(1,297,308)	0
95092	59-2598550	CarePlus Health Plans, Inc.	(55,000,000)	0	0	0	(59,730,511)	0	0	0	(114,730,511)	0
95754	62-1579044	Cariten Health Plan Inc.	(30,000,000)	0	0	0	(99,019,550)	0	0	0	(129,019,550)	0
00000	80-0072760	Certify Data Systems, Inc.	0	0	0	0	33,635,972	0	0	0	33,635,972	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(3,843,253)	0	0	0	(3,843,253)	0
00000	61-1279716	CHA Service Company	0	0	0	0	0	0	0	0	0	0
00000	01-0510161	CM Occupational Health, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	20-5440995	CNU Blue 2, LLC	0	0	0	0	0	0	0	0	0	0
52015	59-2531815	CompBenefits Company	(1,000,000)	0	0	0	(22,617,187)	0	0	0	(23,617,187)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	2,664,194	0	0	0	2,664,194	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(4,777,434)	0	0	0	(4,777,434)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	0	0	0	0	0	0
60984	74-2552026	CompBenefits Insurance Company	(4,000,000)	0	0	0	(18,591,449)	0	0	0	(22,591,449)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	571	0	0	0	571	0
00000	42-1575099	Comprehensive Health Insights, Inc.	0	0	0	0	(1,252,219)	0	0	0	(1,252,219)	0
00000	20-0114482	Concentra Akron, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	62-1691148	Concentra Arkansas, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2510547	Concentra Health Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	26-4823524	Concentra Inc.	0	0	0	0	(5,189,594)	0	0	0	(5,189,594)	0
00000	04-2658593	Concentra Integrated Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	76-0546504	Concentra Laboratory, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2857879	Concentra Occ Health Research Institute	0	0	0	0	0	0	0	0	0	0
00000	23-2901126	Concentra Occ Healthcare Harrisburg, L.P	0	0	0	0	0	0	0	0	0	0
00000	04-3363415	Concentra Operating Corporation	0	0	0	0	0	0	0	0	0	0
00000	75-2678146	Concentra Solutions, Inc.	0	0	0	0	(48,068)	0	0	0	(48,068)	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	75-2784513	Concentra South Carolina, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2821236	Concentra St. Louis, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	22-3675361	Concentra-UPMC, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	59-2716023	Continuicare Corporation	0	0	0	0	(2,447,750)	0	0	0	(2,447,750)	0
00000	65-0796178	Continuicare Managed Care, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-5646291	Continuicare MDHC, LLC	0	0	0	0	(683,922)	0	0	0	(683,922)	0
00000	65-0791417	Continuicare Medical Management, Inc.	0	0	0	0	(716,175)	0	0	0	(716,175)	0
00000	65-0780986	Continuicare MSO, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-8236655	Corphealth Provider Link, Inc.	0	0	0	0	0	0	0	0	0	0
00000	75-2043865	Corphealth, Inc.	0	0	0	0	(5,605,397)	0	0	0	(5,605,397)	0
00000	33-0916248	DefenseWeb Technologies, Inc.	0	0	0	0	(1,365,418)	0	0	0	(1,365,418)	0
00000	36-3512545	Dental Care Plus Management Corp.	0	0	0	0	(1)	0	0	0	(1)	0
95161	76-0039628	DentiCare, Inc.	(1,500,000)	0	0	0	(9,121,271)	0	0	0	(10,621,271)	0
88595	31-0935772	Emphesys Insurance Company	0	0	0	0	341	0	0	0	341	0
00000	61-1237697	Emphesys, Inc.	0	0	0	0	0	0	0	0	0	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(12,208,935)	0	0	0	(12,208,935)	0
00000	11-2795529	Harte Placements, Inc.	0	0	0	0	0	0	0	0	0	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	58,856	0	0	0	58,856	0
00000	46-4912173	HRI Humana of California Inc.	0	3,000,000	0	0	402	0	0	0	3,000,402	0
00000	26-3592783	HUM INT, LLC	0	0	0	0	0	0	0	0	0	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	0	0	0	0	0	0
00000	04-3580066	Humana at Home (MA), Inc.	0	0	0	0	(376,876)	0	0	0	(376,876)	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	(25,140,296)	0	0	0	(25,140,296)	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	1,864,540	0	0	0	1,864,540	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	(2,000,000)	0	0	0	(32,494,964)	0	0	0	(34,494,964)	0
00000	59-1843760	Humana Dental Company	0	0	0	0	3,654,969	0	0	0	3,654,969	0
52028	36-3654697	Humana Dental Concern, Ltd.	0	0	0	0	(86,240)	0	0	0	(86,240)	0
95519	58-2209549	Humana Employers Health Plan of GA. Inc.	0	125,000,000	0	0	(155,056,997)	0	0	0	(30,056,997)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(33,631,352)	0	0	0	(33,631,352)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	(75,000,000)	0	0	0	(170,586,267)	0	0	0	(245,586,267)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	0	0	0	(1,889,478)	0	0	0	(1,889,478)	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	(5,000,000)	0	0	0	154,215,336	0	0	0	149,215,336	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	30,000,000	0	0	(18,497,072)	0	0	0	11,502,928	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	40,000,000	0	0	(42,067,637)	0	0	0	(2,067,637)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	50,000,000	0	0	(91,555,736)	0	0	0	(41,555,736)	0
95885	61-1013183	Humana Health Plan, Inc.	0	175,000,000	0	0	(594,777,349)	0	0	0	(419,777,349)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	16,042,785	0	0	0	16,042,785	0
00000	61-0647538	Humana Inc.	926,630,000	(425,000,000)	0	0	2,311,816,788	0	0	0	2,813,446,788	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	0	0	0	0	0	0
73288	39-1263473	Humana Insurance Company	(425,000,000)	(100,000,000)	0	0	(540,966,831)	(15,027,342)	0	0	(1,080,994,173)	28,827,426
60219	61-1311685	Humana Insurance Company of Kentucky	0	50,000,000	0	0	(18,826,311)	3,762,040	0	0	34,935,729	(258,557,294)
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(25,065,092)	0	0	0	(25,065,092)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(15,766,188)	0	0	0	(15,766,188)	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0	0	0	0	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	520,645,404	0	0	0	520,645,404	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	30,000,000	0	0	(6,798,213)	0	0	0	23,201,787	0
00000	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	2,000,000	0	0	(1,125,433)	0	0	0	874,567	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	0	0	0	0	(12,285,705)	0	0	0	(12,285,705)	0
95270	61-1103898	Humana Medical Plan, Inc.	(300,730,000)	0	0	0	(808,103,141)	0	0	0	(1,108,833,141)	0
00000	46-5329373	Humana MSO, LLC	0	0	0	0	(90,934)	0	0	0	(90,934)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	(5,466,372)	0	0	0	(5,466,372)	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	(76,999,181)	0	0	0	(76,999,181)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	(1,500,000)	0	0	0	(725,985)	0	0	0	(2,225,985)	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	(16,717)	0	0	0	(16,717)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	0	0	0	0	0	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	0	0	0	(24,325,293)	0	0	0	(24,325,293)	0
70580	39-0714280	HumanaDental Insurance Company	(7,000,000)	0	0	0	(21,556,098)	0	0	0	(28,556,098)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	0	0	0	0	0	0
00000	27-4535747	HumanaVitality, LLC	0	0	0	0	(18,762,010)	0	0	0	(18,762,010)	0
00000	61-1239538	Humco, Inc.	0	0	0	0	650	0	0	0	650	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(1,475,840)	0	0	0	(1,475,840)	0
00000	26-3583438	HUM-Holdings International, Inc.	0	0	0	0	144,574	0	0	0	144,574	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	(126,599)	0	0	0	(126,599)	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0	0	0	0	0
00000	76-0537878	Inteli Home Healthcare, Inc.	0	0	0	0	(88,517)	0	0	0	(88,517)	0
65110	57-0380426	Kanawha Insurance Company	0	0	0	0	(32,670,334)	11,265,302	0	0	(21,405,032)	229,729,868
00000	20-1377270	KMG America Corporation	0	0	0	0	16,112	0	0	0	16,112	0
00000	61-1232669	Managed Care Indemnity, Inc.	0	0	0	0	(701,594)	0	0	0	(701,594)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(2,073,334)	0	0	0	(2,073,334)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	(1,214,739)	0	0	0	(1,214,739)	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	0	0	0	0	0	0
00000	11-3273542	National Healthcare Resources, Inc.	0	0	0	0	0	0	0	0	0	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	0	0	0	0	0	0
00000	04-3353031	OHR/Baystate, LLC	0	0	0	0	0	0	0	0	0	0
00000	04-3353031	OHR/MMC, Limited Liability Company	0	0	0	0	0	0	0	0	0	0
00000	98-0445802	OMP Insurance Company, Ltd.	0	0	0	0	0	0	0	0	0	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	55,543	0	0	0	55,543	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-1724127	Preservation on Main, Inc.	0	0	0	0	2,916,276	0	0	0	2,916,276	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	105	0	0	0	105	0
00000	75-2739333	Reachout Homecare, Inc.	0	0	0	0	(91,489)	0	0	0	(91,489)	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(70,065)	0	0	0	(70,065)	0
00000	56-2593719	SeniorBridge (NC), Inc.	0	0	0	0	(518,590)	0	0	0	(518,590)	0
00000	80-0581269	SeniorBridge Care Management, Inc.	0	0	0	0	(370,933)	0	0	0	(370,933)	0
00000	46-0702349	SeniorBridge Family Companies (AZ), Inc.	0	0	0	0	(443,446)	0	0	0	(443,446)	0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	0	0	0	0	(321,628)	0	0	0	(321,628)	0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	0	0	0	0	(416,293)	0	0	0	(416,293)	0

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	(2,198,506)	0	0	0	(2,198,506)	0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	0	0	0	0	(868,406)	0	0	0	(868,406)	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(322,452)	0	0	0	(322,452)	0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	0	0	0	0	(322,673)	0	0	0	(322,673)	0
00000	46-0677759	SeniorBridge Family Companies (MO), Inc.	0	0	0	0	(373,481)	0	0	0	(373,481)	0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	0	0	0	0	(607,263)	0	0	0	(607,263)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	(1,158,056)	0	0	0	(1,158,056)	0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	0	0	0	0	(333,471)	0	0	0	(333,471)	0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	0	0	0	0	(348,991)	0	0	0	(348,991)	0
00000	01-0766084	SeniorBridge Family Companies (TX), Inc.	0	0	0	0	(487,354)	0	0	0	(487,354)	0
00000	46-0691871	SeniorBridge Family Companies (VA), Inc.	0	0	0	0	(452,175)	0	0	0	(452,175)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	0	0	0	0	0	0
00000	27-0338595	Seredor Corporation	0	0	0	0	(28,192)	0	0	0	(28,192)	0
00000	86-0597187	St. Mary's Medical Park Pharmacy, Inc.	0	0	0	0	10,273,415	0	0	0	10,273,415	0
00000	32-0375132	Symphony Health Partners - Midwest, LLC	0	0	0	0	0	0	0	0	0	0
00000	45-5032192	Symphony Health Partners, Inc.	0	0	0	0	0	0	0	0	0	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	0	0	0	0	0	0
54739	52-1157181	The Dental Concern, Inc.	(400,000)	0	0	0	(6,528,197)	0	0	0	(6,928,197)	0
00000	75-2600512	TLC Plus of Texas, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-3585174	Valor Healthcare, Inc.	0	0	0	0	(17)	0	0	0	(17)	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Humana Health Plan, Inc.










SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
11.	This type of business is not written.	
12.	This type of business is not written.	
13.	This type of business is not written.	
14.	This type of business is not written.	
15.	This type of business is not written.	
16.	This type of business is not written.	
17.	This type of business is not written.	
18.	No relief will be requested.	
19.	No relief will be requested.	
20.	No relief will be requested.	
21.	This type of business is not written.	
22.	This type of business is not written.	
23.	This type of business is not written.	

Bar Codes:		
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 9 5 8 8 5 2 0 1 4 3 6 0 0 0 0 0 0
12.	Life Supplement [Document Identifier 205]	 9 5 8 8 5 2 0 1 4 2 0 5 0 0 0 0 0
13.	Property/Casualty Supplement [Document Identifier 207]	 9 5 8 8 5 2 0 1 4 2 0 7 0 0 0 0 0
14.	SIS Stockholder Information Supplement [Document Identifier 420]	 9 5 8 8 5 2 0 1 4 4 2 0 0 0 0 0 0
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 9 5 8 8 5 2 0 1 4 3 7 1 0 0 0 0 0
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 9 5 8 8 5 2 0 1 4 3 7 0 0 0 0 0 0
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	 9 5 8 8 5 2 0 1 4 3 6 5 0 0 0 0 0
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 9 5 8 8 5 2 0 1 4 2 2 4 0 0 0 0 0
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 9 5 8 8 5 2 0 1 4 2 2 5 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Relief from the Requirements for Audit Committees [Document Identifier 226]



21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]



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